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PTO/SB/01 (12-97)  
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>  <input type="checkbox"/> Declaration Submitted with Initial Filing      OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	KUM-PT002
	<b>First Named Inventor</b>	Manna et al.
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	10/813,815
	<b>Filing Date</b>	March 31, 2004
	<b>Group Art Unit</b>	1723
	<b>Examiner Name</b>	Not Yet Known

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**DEVICE AND METHOD FOR NON-DISPERSIVE CONTACTING OF LIQUID-LIQUID REACTIVE SYSTEM**

the specification of which  
☐ is attached hereto  
OR  
☒ was filed on (MM/DD/YYYY) **March 31, 2004** as United States Application Number or PCT International Application Number **10/813,815** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of ]

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## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

3624

OR

☐ Registered practitioner(s) name/registration number listed below

Place Customer  
Number Bar Code  
Label here

Name	Registration Number	Name	Registration Number
Namely, the Attorneys of Volpe and Koenig, P.C.			

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number 3624 OR ☐ Correspondence address below

Name	VOLPE AND KOENIG, P.C.				
Address					
Address					
City		State		ZIP	
Country		Telephone		Fax	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname					
Ujjwal		Manna					
Inventor's Signature				Date	13/8/04		
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Post Office Address	Sector 13, Faridabad						
City	Faridabad	State	Haryana	ZIP	121 007	Country	India

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>3</u> of <u>4</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Ram Prakash		Verma	
Inventor's Signature <i>RM Verma</i>		Date <u>18/8/2004</u>	
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Mailing Address <u>Sector 13, Faridabad</u>			
City <u>Faridabad</u>	State <u>Haryana</u>	ZIP <u>121 007</u>	Country <u>India</u>

  

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sarvesh <i>SKumar</i>		Kumar	
Inventor's Signature <i>SKumar</i>		Date <u>18/8/2004</u>	
Residence: City <u>Faridabad</u>	State <u>Haryana</u>	Country <u>India</u>	Citizenship <u>India</u>
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Mailing Address <u>Sector 13, Faridabad</u>			
City <u>Faridabad</u>	State <u>Haryana</u>	ZIP <u>12 1007</u>	Country <u>India</u>

  

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Sukumar		Banik	
Inventor's Signature <i>Sukumar Banik</i>		Date <u>18/8/2004</u>	
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Mailing Address <u></u>			
City <u>New Delhi</u>	State <u></u>	ZIP <u>110 066</u>	Country <u>India</u>

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>4</u> of <u>4</u>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Arpita		Dasgupta	
Inventor's Signature		Date <u>13/8/2004</u>	
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Citizenship India			
Mailing Address Engineers India Limited, EIL Bhavan, 1, Bhikaji Cama Place			
Mailing Address			
City	New Delhi	State	ZIP 110 066
		Country	India
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Shankar		Khatua	
Inventor's Signature		Date <u>13/8/04</u>	
Residence: City	New Delhi	State	Country India
Citizenship India			
Mailing Address Engineers India Limited, EIL Bhavan, 1, Bhikaji Cama Place			
Mailing Address			
City	New Delhi	State	ZIP 110 066
		Country	India
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Citizenship			
Mailing Address			
Mailing Address			
City		State	ZIP
		Country	

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